



# Fishers Veterinary Associates



*Thank you for the opportunity to care for your pet(s). We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible and so that we may become better acquainted, please take the time to fill in this form completely.*

## Information About You

Your Name: Mr. Mrs. Miss Ms Dr. \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email (for appointment reminders): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

## How did you first hear of us?

Yellow Pages Phonebook

Google / Yahoo Search

Angie's List

AAHA referral

Facebook

Drove by/Clinic sign

Individual recommendation by: \_\_\_\_\_

Other: \_\_\_\_\_

## Your Pet's Information

Pet's name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Sex:  Male  Neutered  Female  Spayed

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications? Yes  No

Did you bring your pet's medical/vaccine records with you? Yes  No

If not, please list your previous veterinarian's information below so that we may call to have records faxed over.

Previous Veterinarian (if any): \_\_\_\_\_ Phone (if known): \_\_\_\_\_

## Photo Release

Photos may be taken of your pet while it is in our office for visits, boarding, and/or hospitalization. Do we have your permission to post these photos to our Clinic's website and/or Facebook Page? Yes  No

## Method of Payment Today

Payment is required at the time of service. For your convenience, we accept Visa, Mastercard, Discover, American Express, Cash, or in state Check (with valid Driver's license). We will be happy to provide a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required. Please check one: Cash  Check  Debit/Credit Card

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_